TYPE ACTION: RECERTIFICATION

OSCAR REPORT 3 PAGE:

: 465092 FACILITY BEDS PHONE NUMBER: (435) 781-3500 UINTAH CARE CENTER PROVIDER #: 465092 510 SOUTH 500 WEST VERNAL UT 84078

TOTAL: 110 PARTICIPATION DATE: 02/01/1984 CERTIFIED: 110 TYPE OWNERSHIP: GOVERNMENT - COUNTY STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

LTC ADMISSION/SUSPENSION DATES TOTAL CERTIFIED BEDS: RESIDENT CENSUS ON 05/12/2005 TOTAL: 82 ADMISSION SUSPENDED: 18 18/19 19 TCF/MR MEDICARE: 8 SUSPENSION RESCINDED: MEDICAID: 54 110 OTHER: 20

CURRENT SURVEY REVISIT DATES - 06/30/2005

PRIOR 3 S/S PRIOR 2 S/S PRIOR 1 S/S CURRENT S/S PLAN/DATE CODE SURVEY CODE SURVEY CODE CODE PROGRAM REQUIREMENTS SURVEY SURVEY OF CORRECT 01/2002 02/2003 04/2004 05/12/2005 06/26/2005 F0273-FREOUENCY OF ASSESSMENTS - NO LATER THAN 14 DAYS X D REO ХC D 06/26/2005 F0367-THERAPEUTIC DIET PRESCRIBED BY PHYSICIAN REÕ Х Ε Х Ε REO F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES ХC 06/26/2005 D REO X C D 06/26/2005 F0502-FACIL PROVIDES/OBTAINS LAB SERVICES X C Ε 06/26/2005 REO F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS

LSC DEFICIENCIES - BLDG NO. 01

EDITION OF LSC APPLIED 85 EXIST 85 EXIST 2000 EXIS2000 EXIS
PRIOR 3 PRIOR 2 PRIOR 1 CURRENT
SURVEY SURVEY SURVEY PLAN/DATE OF CORRECTION 01/2002 02/2003 04/2004 05/25/2005 Х Х

K0018-CORRIDOR DOORS K0025-SMOKE PARTITION CONSTRUCTION X X K0038-EXIT ACCESS K0054-SMOKE DETECTOR MAINTENANCE Х Χ

K0062-SPRINKLER SYSTEM MAINTENANCE X C 07/09/2005 K0072-FURNISHING AND DECORATIONS Х Х K0130-OTHER

EDITION OF LSC APPLIED

85 NEW 2000 EXISZUUU ELL PRIOR 2 PRIOR 1 CURRENT SURVEY SURVEY SURVEY 2000 EXIS2000 EXIS PRIOR 3 PLAN/DATE LSC DEFICIENCIES - BLDG NO. 02 SURVEY OF CORRECTION 01/2002 04/2004 05/25/2005 02/2003 X K0018-CORRIDOR DOORS K0038-EXIT ACCESS X Х ХC 07/09/2005 K0046-EMERGENCY LIGHTING X K0047-EXIT SIGNS K0050-FIRE DRILLS X 07/09/2005 K0051-FIRE ALARM SYSTEM ХC K0054-SMOKE DETECTOR MAINTENANCE K0062-SPRINKLER SYSTEM MAINTENANCE X Χ ХР 07/09/2005 K0066-SMOKING REGULATIONS K0069-COOKING EOUIPMENT X K0070-SPACE HEATERS Χ Х K0130-OTHER 07/09/2005 K0144-GENERATRS INSPECTED/TESTED хс

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSES X=DEFICIENT COP = CONDITION REO = REOUIREMENT

TYPE OF CURRENT PRIOR 1 PRIOR 2 PRIOR 3 DEFICIENCY SURVEY SURVEY SURVEY SURVEY CONDITION 0 0 0 0 REQUIREMENT 0 1 1 HEALTH TOTAL 5 n 1 1 7 8 LIFE SAFETY CODE 4 LIFE SAFETY CODE + HEALTH 10 5

COMPLAINT SURVEY INFORMATION

SURVEY DATE STATUS 06/07/2004 UNSUBSTANTIATED 07/20/2004 SUBSTANTIATED 08/18/2004 UNSUBSTANTIATED 03/10/2005 UNSUBSTANTIATED

FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY